

# Health Care Purchasing Strategy - 2020

**Vision:** To be the quality leader in workers' compensation healthcare, achieving the best quality of life for workers at the minimum cost and using the simplest means.

## Objectives

1. Improve outcomes for injured workers and the overall system.
2. Align system objectives and incentives so that no injured worker falls through the cracks.
3. Expand capacity for and improve quality of occupational health best practices for both primary and specialty care for secondary and tertiary prevention of disability.
4. Increase satisfaction of providers, employers, and injured workers with the workers compensation system.

## Strategies

1. Increase partnerships with accountable providers for delivery of collaborative, coordinated, systematic, and effective care to injured workers.
2. As a health care purchaser, invest in programs that provide support to providers so they can deliver coordinated, systematic, best practice care.
3. Develop best practices for services or activities that attending providers provide or direct.
4. Develop incentives to increase the use of evidence based, occupational health best practices by attending providers, and other providers who deliver best practices.
5. Provide systematic feedback to providers and ongoing program evaluation to continuously improve medical care, coordination of services, and the incentive programs.
6. Retain worker's ability to select provider from L&I's Medical Provider Network.
7. Integrate programs for incentives, best practices, and quality improvement so that they are seamless to providers, workers, employers, and integrated across L&I programs.

## Reference: RCW 51.36.010







The legislature finds that high quality medical treatment and adherence to occupational health best practices can prevent disability and reduce loss of family income for workers, and lower labor and insurance costs for employers. Injured workers deserve high quality medical care in accordance with current health care best practices..... The centers for occupational health and education represent innovative accountable care systems in an early stage of development consistent with national health care reform efforts. Many Washington workers do not yet have access to these innovative health care delivery models.

(b) To expand evidence-based occupational health best practices.... establish additional centers for occupational health and education.... The department shall also develop additional best practices and incentives that span the entire period of recovery, not only the first twelve weeks.

(e) The centers for occupational health and education shall implement benchmark quality indicators of occupational health best practices for individual providers, developed in collaboration with the department. A center for occupational health and education shall remove individual providers who do not consistently meet these quality benchmarks.

(f) The department shall develop and implement financial and nonfinancial incentives for center for occupational health and education providers that are based on progressive and measurable gains in occupational health best practices, and that are applicable throughout the duration of an injured or ill worker's episode of care.

(g) The department shall develop electronic methods of tracking evidence-based quality measures to identify and improve outcomes for injured workers at risk of developing prolonged disability. In addition, these methods must be used to provide systematic feedback to physicians regarding quality of care, to conduct appropriate objective evaluation of progress in the centers for occupational health and education, and to allow efficient coordination of services.

	Where we are in 2014		Where we want to be in 2020
<b>The community / Access</b> (1)*	<ul style="list-style-type: none"> <li>■ A culture that promotes safe, high quality care, including Business and Labor involved regionally</li> <li>■ Workers choose their attending provider from the MPN</li> <li>■ Y providers participating in various best practices programs</li> <li>■ Best practices programs and pilots are available in some geographic areas</li> </ul>		<ul style="list-style-type: none"> <li>■ Program X is part of a regional culture of providers, business, and labor to promote safe, high quality care</li> <li>■ Workers choose a Program X provider for ongoing care</li> <li>■ Every provider participating in Program X</li> <li>■ Program X services available statewide</li> </ul>
<b>Health System (Integration)</b> (2)	<ul style="list-style-type: none"> <li>■ Multiple pilots, projects, and programs separately incorporating and testing best practices</li> <li>■ COHE not widely recognized or known in L&amp;I</li> <li>■ Clinical and administrative leadership engaged and see L&amp;I as partner, key to success of COHE</li> <li>■ COHE promotes identification of barriers and continuous system improvement</li> </ul>		<ul style="list-style-type: none"> <li>■ All best practice incentive programs integrated seamlessly and integrated within L&amp;I</li> <li>■ Program X has broad visibility and seen as high value</li> <li>■ Clinical and administrative leadership engaged and see L&amp;I and Program X as partners</li> <li>■ Program X promotes identification of barriers and continuous improvement</li> </ul>
<b>Clinical Info. System</b> (3)	<ul style="list-style-type: none"> <li>■ Electronic system to share information, launched early stages to identify workers and track activities</li> </ul>		<ul style="list-style-type: none"> <li>■ Shared electronic system(s) used to seamlessly identify at risk workers, plan, track care progress, monitor performance of team and system, provide feedback</li> </ul>
<b>Delivery System Design</b> (define roles, coordinate, planned action) (4)	<ul style="list-style-type: none"> <li>■ Defined Health Services Coordination available for providers in COHE for first 12 weeks and Surgical Best Practices Pilot</li> <li>■ Care coordinators are not always known to all participants and interaction not fully planned</li> <li>■ Care coordination services vary by COHE</li> <li>■ Providers do not consistently identify and intervene to help a worker who is at risk for long-term disability</li> </ul>		<ul style="list-style-type: none"> <li>■ Sponsoring organization assures injured worker receives seamless care coordination and planned services over entire episode of care</li> <li>■ Providers, workers, employers, claim managers can easily identify the care coordinator and next step/action in plan</li> <li>■ Care coordination services are defined and delivered according plan/need</li> <li>■ Providers consistently identify and intervene to help a worker who is at risk for long-term disability</li> </ul>
<b>Decision Support</b> (EBM, Occ Med Best Practices) (5)	<ul style="list-style-type: none"> <li>■ Services are focused on non-occupational conditions with limited RTW planning</li> <li>■ Best practices identified for first 12 weeks and surgical care</li> <li>■ Evidence-based best practices are available for specific provider types or claim statuses</li> <li>■ Best Practices tracked, goals established, and feedback provided</li> </ul>		<ul style="list-style-type: none"> <li>■ Services are focused on meaningful clinical and return to work outcomes</li> <li>■ Best practices in place for care provided in first year of claim</li> <li>■ Planning complete to identify best practices for entire episode of care</li> <li>■ Best practices are embedded and tracked in individual and system practice, goals met or adoption rate improving</li> </ul>
<b>Self Mgmt Support</b> (6)	<ul style="list-style-type: none"> <li>■ Coordination and care does not regularly include effective support for patient engagement.</li> </ul>		<ul style="list-style-type: none"> <li>■ Coordination and care includes effective patient empowerment: assessment, goal setting, action planning, problem solving, and follow up.</li> </ul>

\*Title and (#) Refer to the Six Elements of the [MacColl Institute Chronic Care Model](#)